

Illinois State Treasurer's Office Attn: Warrant Division/Forgery Section 300 West Jefferson Street, 2nd Floor Springfield, IL 62702-5041 Phone: (217) 524-0458

Fax: (217) 558-4028

FORGED WARRANT AFFIDAVIT

, swears on	oath and affirms that:
I am the payee named in the warrant(s) drawn	n by the State of Illinois Comptroller and drawn on
the State of Illinois Treasurer. I have exami-	ned the signature in my name that appears on the back of
the warrant(s). I did not make the indorseme	ent on the warrant(s) and did not authorize another to make
it. I did not receive any benefit from the w	varrant(s) that totaled \$ or authorize another
person to benefit on my behalf from the warra	ant(s) that are listed below or attached hereto.
Date warrant issued	Warrant #
(If more that one warrant is involved, us each warrant.)	se additional paper to list the number and amount of
CE	RTIFICATION
provided in my claim form are true. I unders	lge that the foregoing statements and the information I stand that a false statement in this affidavit will subject me making false sworn statements (5 ILCS 255/5). Perjury is
Signature	Social Security Number
TO BE COMPLETED BY NOTARY PUBLIC WI	TH SIGNATURE AND SEAL
Signed and sworn to before me this day of20	
 Notary Public	